

The virtual space of the internal nosologies of the body and its compactness

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1. An organism as a reflecting self-existent system

It is known that any biological organism is a reflective system in relation to the reality that encompasses it [1]. This means that he:

- perceives this reality (Universe), i.e. reflects it in itself in the sense of the theory of reflection (philosophical term);
- changes this reality, i.e. itself is reflected in it in the sense of the theory of reflection.

Thus, in the body there is a model of the space-time continuum that encompasses it and its event content (for brevity, it is simply the PWC). This model includes as its part the model of this organism itself, since it is part of the reality that encompasses it. Thus, the organism models in itself (reflects in its internal space-time (ERW)) itself.

One of the consequences of this general position is the existence internal (virtual) space-time (or just time) of the organism, discussed in a number of works, for example, in [2-3].

In addition, from the point of view of systems theory, an organism can be considered, same how an integral functional system striving for self-fulfillment, in other words, the solution of a certain set of biologically purposeful tasks of behavior developed by him in the process of both species and individual evolution - a list of particular tasks of self-fulfillment [3]. To achieve this goal, the body constantly carries out behavior: control of your external environment (external behavior) and / or your internal environment (internal behavior or physiology control). The last two forms of behavior

mutually complementary (inseparable): for the implementation of any form of external behavior, the organism must carry out some internal behavior and vice versa.

For a successful (from the point of view of solving problems of self-realization) choice of its behavior, the organism must know not only its current real state, but also conditional - virtual states, in which he could find himself (in the past, in the present or in the future), depending on which strategy of behavior will be chosen by him.

It is advisable to combine both described cybernetic properties of the organism, introducing the concept reflective self-fulfilling (modeling reality) systems (OSS). By definition reflecting Self-Existing System (OSS) is a system that:

- simulates some (in the case of a human, encompassing it) organism - reality;
- self-fulfilling in this reality;
- uses the model of reality built by her (the reality that encompasses it) to build his behavior (both external and

internal) directed by words - to self-fulfillment (other tasks from the
on the decision list of private tasks
self-fulfillment).

A particular case of the body's modeling of the reality that encompasses it is modeling itself and its state in this reality, which includes a model of its state health - in other words, an integral indicator that determines its ability to solve arbitrary problems of self-fulfillment.

We know little about how the body in fact models his state for the implementation of his subsequent behavior. But if we imagine it as a kind of "black box", the scheme of the contents of which needs to be restored, then the totality of the organism's responses to signals coming from the surrounding environment leads to the following picture:

- in the information space of an organism (an array of information with which it operates) there is a certain set of its possible states, which can be called states of its existence.
- for each specific set of conditions under which the organism solves the problem of its self-realization, there is such a state of it, which is considered by the organism itself as a state of health (reference homeostasis), and this state, generally speaking, is not the only one;
- a deviation from the state of health is considered by the body as some kind of disease, and if such a deviation is detected, a model of behavior (both internal and external) is built, aimed at restoring the current state of his health;
- in order to build a model of behavior aimed at finding and maintaining the state of its health, the body in some way classifies its deviations from the reference homeostasis and, thus, in fact, distinguishes its own (internal) nosologies in the same way as a doctor examining a patient does;
- thus, at the level of operating with information, an organism has a space of its own (internal, i.e., defined by itself) nosologies and classifies its general state in the reality that encompasses it, in particular, classifying its internal nosology (its absence, or, on the contrary, a set such nosologies).

We will call the space of all possible deviations from the state of health virtual space of internal nosologies (VPVN) of this organism. Note that:

1. It is natural to consider the elements of the ERPH as deviations from chronosemantic, and not from dynamic or even more static (current) homeostasis.

2. Return of the organism to the reference chronosemantic homeostasis requires from him, from the point of view of cybernetics, not only an assessment of his current state, but also symbolic modeling (in symbolic, "compressed" time) of those states in which he can get when he implements one or another the alleged behavior patterns. A rather complex organism (in

particular, the human body) should, from the general point of view of cybernetics, have a certain ability symbolic modeling, both the results of the alleged changes in his behavior, and the assumed changes in the conditions in which he finds himself.

Thus, in an organism considered as a cybernetic system, the following should exist:

- Firstly, virtual object VPVN;
- secondly, self-assessment (program, or self-assessment procedure) by the body of its real state as some implemented by him element VPVN;
- thirdly, the program (or procedure) symbolic modeling possible changes in the state of the organism in the UPVN in the event that in relation to it any other conditions are realized than those existing at the moment.

Here virtual object, correlated to a certain material system, it is by definition an object that does not exist as its physical part, but exists as a separate regulation unit its behavior, in other words - as part of its information structure. In other words, a virtual object is a separate integral unit for receiving, storing and processing the information under consideration by the system, which determines its behavior.

Figuratively speaking, behavior the system under consideration is such ostensibly the physical medium of the virtual object actually exists.

2. Pathologies in the virtual space of internal nosologies of the body

By the very definition of the HPVN of an organism, this space is only a convenient model for describing how, from a cybernetic point of view, self-regulation processes take place in it, or, within the framework of the concept of the internal time of the organism, how the search for and retention of chronosemantic homeostasis is carried out in it. INreality VPVN of an organism is inseparable from its material content, although it can describe very subtle energy-informational processes occurring in it, which are not obvious when considering its material structures. Therefore, any pathologybody entails, generally speaking, the pathology of the HPVI of the body, and vice versa, any HPVI of the organism entails some physical illness.

Among the diseases of the body that are not end his self-healing, and, therefore, require medical intervention, it turns out to be possible to distinguish two fundamentally of various extreme types, in accordance with the (extreme) type of situation that occurs in the VPVN of this organism with the disease in question:

1. The first type of situation is that the body has quite adequate display of what is happening - both nosology and the consequences of certain forms of the body's behavior to eliminate it. However, the organism simply does not have the resources to carry out the necessary actions, or it does not have an algorithm for their implementation. This type of situation corresponds to an acute illness that threatens the patient's life and requires the doctor to bring into the body external resources (not always material, information or mixed resources can also be considered), which are initially absent in it. Examples of such diseases

are acute viral or bacterial diseases like the plague, rabies or fever adequate Ebola, in which the body simply does not have time to immune develop a response, or situations of acute traumatic damage to the body, like a broken artery or traumatic peritonitis. In all these cases, at least at the initial stage of the development of an acute disease, there is no significant distortion of the action of the HPVN of the body. Accordingly, the treatment of the organism can be carried out by direct transfer to its disposal of the necessary resource base.

2. The second type of situation is that with the development of the disease distortion occurs the structure itself VPVN, and the body begins to inadequately use the resources at its disposal. In this case, the body's self-healing it would be possible, if the structure of his UPVN were restored, and this is exactly what (restoration of the structure of the UPVN) is the task of treatment. This situation is typical for a disease that we call chronic. The second type of situation describes, in particular, such diseases as: allergies, autoimmune processes, chronic pain syndromes, chronic viral infections, all those diseases, in the theory which in terms of the of traditional regulation there are mechanism is stable reproducible "autorun" of the disease.

In any specific In this case, as a rule, both of the above-described components of the organism's nosology will be present: some objective lack of resources, and some distortion of the way it responds with respect to the "ideal". Moreover, these two components are complementary, inseparable from one another. From the point of view of practice, however, it is decisive to correct either one or the other situation: to date, no real nosologies are known, which for the cure of which requires the correction of both situations, although it can be assumed that they exist.

The main distortions of the IPVN can be conditionally divided into the following groups:

1. Distortions "I see nothing, I hear nothing, I don't know anything". In that In the case of a distortion of the structure of the UPVN, the body's response to internal nosology is absent or inadequately weak. At the same time, with the amplification of a signal specific for this nosology, an adequate response of the body arises. Figuratively speaking, the body "does not see enough" or "perceives poorly" its internal nosology at the IPVN level, and therefore is not able to adequately respond to it, but is able to perceive and adequately respond to it if its signal is sufficiently amplified. In this case, the only problem of therapy is to amplify the afferent signal, "show the body what it needs to fight", or pass this signal through undamaged transmission channels.

It is easy to see that this treatment tactic exactly corresponds to:

- at the level of information therapy - nosodotherapy (signal amplification) and homeopathic type of patient treatment (signal amplification and at the same time its transmission through other channels);
- at the level of classical reflexology - therapy with the help of "delineating", "emphasizing" all points of correspondence to the disease, followed by "dumping" the "stagnant qi" accumulated in the basin of this disease into a constitutionally weak system;

- at the ART level, the indicated treatment tactics correspond to the treatment directly with the help of resonance chains built around the patient, revealing his diagnosis.

2. Distortions "we did not pass this, we were not asked this". In this case an increase in the signal informing the body about the existence of an internal nosology (or passing this signal through additional channels) does not lead to an increase in its protective and / or restorative reactions or leads to the development of an inadequate (pathological) protective or restorative reaction. This is due to the fact that there are obstacles to the formation of adequate protective and restorative reaction. Removal of these obstacles (hereinafter they will be called obstacles to self-fulfillment, more precisely, to the solution of a certain class of particular tasks of self-fulfillment) leads to the restoration of the adequacy of the protective and restorative reaction of the organism.

An example of the implementation of removing obstacles to the formation of an adequate protective and restorative reaction of the body is its chronosemantics with a goal marker in the form of a diagnosis given to it or its adaptation to this marker in virtual time according to A. Hovsepyan.

At the level of homeopathy, such treatment corresponds to the use of miasmatic nosodes or constitutional remedies such as intermediate drugs that allow you to change the most The "constitutional basis" of the patient, in other words, the very type of his response.

3. Distortion "I choose the lesser of two evils." In this case, the organism develops an inadequate response not only to an increase in the signal about the internal nosology existing in him, but also to attempts to remove obstacles to the formation of an adequate protective and a restorative response to this pathology. The reason is that when simulating the situation of removing the existing in the organism of internal nosology, the organism receives "at the output" of this model a much more terrible internal nosology, as a rule, oncology. It is not known whether the external (objective) equivalent of the "terrible" internal diagnosis modeled by the body should really develop. But the body in this case behaves as if its cure from the existing internal nosology led to significantly worse results, in other words, it resists treatment with all its might.

In homeopathy, there seems to be no specific treatment for the organism in this case. In bio- and multiresonance therapy, such methods exist - they are, for example, chronosemantics according to RC with a marker branching (reflecting the internal nosology of the organism, as well as the model of its unsuccessful adaptation to this nosology, see below) or adaptation in symbolic time according to A. Hovsepyan with the same RC with a branching marker in the form of a load.

4. Combined HPVN damage. I mean such systemic injuries of HPVN, the elements of which are damage of classes 1-3. Apparently, such injuries include most of the injuries of the VPVN accompanying systemic chronic pathology.

5. Other forms of HPVN damage. Today about them to us

little is known. However, this does not mean that they do not exist, and that methods of dealing with these damages will not be developed in the near future.

Whatever the damage to the UPVN, the end result is a distinction between:

- an adequate response of the organism from the point of view of its "momentary" and even more or less long-term survival;
- biologically expedient response of the organism, from the point of view of its complete self-realization.

Apparently, for the first time the existence of this difference (outside the theory of IPVN) was noted by G. Reckeweg, who based on it the theory of homotoxicology and his antihomotoxicological doctrine. However, the difference is deeper, the separation of the organism's responses that are adequate and biologically expedient for self-realization is a concept and a broader concept than just an antihomotoxicological concept. We believe that with the help of this concept, on the one hand, it is possible to describe a chronic disease in any modern model of an organism and its disease. On the other hand, bridging the difference between these responses can be seen as a universal treatment regimen for chronic disease.

3. Representative systems of the HPVN of the organism are symbolic (teaching) tasks

its self-fulfillment and the body's symbolic responses to self-study tasks presented to him

It is practically possible to observe the virtual object of the VPVN and the processes of symbolic modeling of the organism in it only if there are symbolic representational systems (SRS) or, which is the same, the interfaces of the organism representing the VPVN and the processes of modeling behavior in it.

Interfaces (symbolic representational systems) VPVN and the processes of modeling the behavior of an organism in it can be described as triplets, including:

1. System symbolic indications of changing conditions of existence the organism in question.

2. The system symbolic responses organism to the symbolic indications of changes in the conditions of its existence.

3. System "input-output" for signals belonging to two previous systems, through which you can:

- enter into the body symbolic indications of changes in the conditions of its existence;
- withdraw symbolic responses of the organism to symbolic indications of changes in the conditions of its existence presented to it. As a system of symbolic guidance to change the conditions of existence the body is convenient to consider a system of symbolic indications of his interest in solving one or another particular task of his self-fulfillment (the symbolic task of self-fulfillment) [3].

As a system symbolic responses the organism is usually convenient to consider one or another system of its symbolic reactions to the the symbolic task of self-fulfillment. These reactions

an organism is usually interpreted as simulating at the symbolic level and in symbolic (compressed) time its real reaction to the presentation of the corresponding real task of self-fulfillment to it in real time.

The simplest example of an interface for IPVN is the representation of an organism's assessment of its state through the psyche of an individual - its owner. In this case, the role of symbolic tasks of self-fulfillment is played, for example, by certain "imaginary situations" in which the subject finds himself, and the role of his symbolic responses to the tasks presented to him is his verbal reactions to these imaginary situations.

Another example of a system of symbolic responses can be a change in certain vegetative characteristics of an individual's organism, which occurs immediately after the presentation of a certain "imaginary situation" to this individual.

Modeling by the body of its state in the UPVN can also be objectified using the autonomic resonance test (ART). As you know, the idea of objectifying the state of the body using ART is as follows:

1. When a weak electromagnetic signal is applied to the body with certain spectral-weight characteristics (resonant electromagnetic field - REB), there is a sharp change in the ratio of excitation and inhibition between the sympathetic and parasympathetic divisions of his autonomic nervous system (ANS).

2. This change in the ratio of SNS and PSNS excitations is accompanied by change resistance of the skin of the body as a whole.

3. Measuring the change in resistance when applied to the body of a weak electromagnetic signal, it is possible to determine which signals are semantic resonances organism (in its given state), in other words - its semantic responses to this signal, which he is thus essentially not indifferent to.

With such a sequence of operations, we do not measure "the state of the organism as it is," but "the state of the organism, as it sees it to itself." Thus, by means of ART we represent not the "objective", but, allowing some liberty of speech, the "subjective" picture of what is happening in the body, in other words, the results of its modeling in the UPVN.

An essential component of ART is testing the body with the proposed ISED against the background of the already tested semantic resonance (construction of a resonant chain of measurements).

In this case, two testing outcomes are possible:

1. The semantic response of the organism to inclusion in the measuring the chain of a new drug does not develop - a new electromagnetic signal is insignificant for the body against the background of the previous one. In this case, there is no change in the state of the measuring point (TI) when a new electromagnetic signal is included in the measuring chain: whether this point was irreproducible or reproducible, it remains so when a new drug is switched on.

2. Semantic response to the inclusion of a new the drug develops, - a new electromagnetic signal is significant for

organism against the background of the previous one. In this case, the state of the measuring point (TI) changes when a new electromagnetic signal is included in the measuring chain to the opposite: if it was reproducible, then it becomes non-reproducible and vice versa - if it was non-reproducible, then it becomes reproducible.

A sequence of energy-informational preparations, each of which causes a vegetative semantic resonance of the body (in other words, a change in the state of the used TI to the opposite), is called hereinafter the resonance chain (RC). A well-known example of RCs used in the diagnosis and therapy of the body are the pathophysiological chains of A. Hovsepian.

The idea of using RC in diagnostics and therapy of the body is that any RC can be considered as a specific form of reflection internal nosology organism, in other words, how he himself perceives his state. At the same time, the number of links in the RC is a kind of measure of the information content of the resulting diagnosis.

The experimental and clinical studies accumulated to date suggest that the autonomic semantic resonances (HRV) of an organism with sufficient accuracy reflect the pathological and sanogenetic processes occurring in it, in the form in which the organism myself perceives them. The methods developed to date for conducting ART with the help of RC (in particular, A. Hovsepian's pathogenetic chains) allow:

- to carry out a very complete and accurate diagnosis of the patient's condition, replacing laborious and not always feasible laboratory tests;
- to restore both his (patient's) history and his follow-up, in other words, the interpreted past and anticipated future of his disease;
- simulate various situations that arise in the course of his treatment or damage to virtual level his reaction, for example, his reaction to the appointment of certain drugs and even the long-term consequences of these appointments.

IN within ART concept O symbolic private tasks
self-fulfillment of the organism and his symbolic responses on presentation of these tasks to him is concretized at the level of measurements. Namely:

- as symbolic particular tasks of the organism's self-realization, its irritations by one or another of its e / m vibrations are considered;
- as symbolic responses of the organism to the symbolic particular tasks of self-fulfillment presented to it, jumps in the change in the ratio between arousal in the sympathetic and parasympathetic parts of its ANS are considered. These jumps are interpreted as virtual changes his external and internal behavior (physiological self-regulation), modeled by him in response to the task presented to him in his virtual internal time;
- the biophysical level of regulation of the body is considered as an "input-output" system, and the output system is assumed to be mediated by the processes of balancing the sympathetic and

parasympathetic divisions of the ANS.

Thus, the diagnosis and therapy of the body with the help of RC (in particular, single drugs), which include not only specific instructions for ART, but also all kinds of therapeutic energy-information drugs, allows you to implement one more, different from the psychological (introspective), the interface of its vpvn. In what follows, we will call this interface virtual ART, since it describes with the help of ART internal, those. belonging to his VPVN, not real his nosology.

The main principles that distinguish virtual ART from conventional are as follows:

1. In virtual ART for patient testing, the same drugs as for its treatment. In particular, to test a patient in virtual ART, drugs (or resonant chains of them) taken from any sections of the selector, and not only from the "ART" section, can be used. This approach allows testing:

- on the one hand, more flexible, from the point of view of diagnosing a patient, since this diagnosis can now be made in a system of concepts that differ from the modern generally accepted system of nosologies;
- on the other hand, it is more effective in terms of achieving a therapeutic result, since a much more accurate assessment of the situation in the human body and the way the body responds to it is achieved.

2. In virtual ART, treatment is performed using the same the RC of drugs itself, which was tested in the patient at the stage of his diagnosis. This approach allows you to fully use in the process of patient therapy the whole information that was obtained at the stage of its diagnosis, avoiding the accumulation of treatment errors arising from the summation of errors in the diagnosis and the transition from diagnosis to therapy.

Thus, virtual ART differs from the usual one:

- a list of energy-information drugs used to test a patient (generally speaking, all drugs of the selector are used);
- a way of interpreting the results of the measurements obtained (as assessments of the situation in the body by this body itself);
- the way of using the diagnosis obtained as a result of testing the patient's body for its therapy (therapy is aimed at restoring a biologically expedient assessment by the body of what is happening in it, as well as the consequences of certain strategies of its behavior).

4. Resonant chains with branch markers

IN the framework of virtual ART can be experimentally demonstrated difference between adequate and biologically appropriate answer organism on the presented his task self-fulfillment. Recall that one of the possible violations of the HPVI of the body is a violation, which was conditionally called "from the spirit of evil

I choose less. " In the case of the existence of this disorder, the body actually maintains some chronic disease, since according to its ideas (perhaps, by the way, correct!) The disappearance of this disease will lead to the development of a significantly more severe disease.

It turns out that the phenomenon of "choosing the lesser of two evils" can be effectively demonstrated using ART. Namely, if we invert the RC tested in a patient and make new measurements against it, then a new picture of diseases arises, as a rule, more severe than the initially identified RC. Note that the first experiments in this direction were carried out by Yu.V. Gotovsky, A.A. Ovsepyan and A.S. Machanyan. [eight].

Especially indicative in this case is testing with the help of "pseudo-transparent" markers. For example, if a hepatitis nosode (in some potency) NG is tested in a patient, then, as a rule, the condition $NG\bar{I} + OP-$ is fulfilled, where OP is an organopreparation of the liver. Thus, the set $NG + OP$ is "pseudo-transparent", it, at first glance, does not change the parameters of the organism, and the same is usually true for its inversion i ($NG + OP$). If, however, a patient is tested oncological drugs through the marker i ($NG + OP$), then, as a rule, one or several oncological responses are found, and not necessarily liver oncology (in principle, any neoplasm can be tested, generally speaking. the phenomenon is exactly the explanation

The possibility of observing in ART the phenomenon of "choice of two lesser evils" allows you to build a special type of resonance chains - the so-called RC with branching. RCs with branching are structurally arranged as $i(RC_1) + RC_2$, where is the RC_{one} - some "pseudo-transparent" resonant chain, tested in the patient, and the RC_2 - a chain (usually including markers of severe systemic diseases, in particular, cancer), tested through cancellation chains PL_1 . It is advisable to use RCs with branching for testing and treating a patient in the case when conventional therapy through tested RCs is ineffective. In this case, the construction of RC with branching and subsequent therapy through this chain in many cases still allows you to overcome the chronic disease.

5. Principle of compactness of VPVN

One of the co-authors of this work (LB Kosareva) suggested that there is a finite set of "standard diagnoses", such that any real diagnosis of any real patient turns out to be "close enough" to one of these "standard diagnoses". This assumption is intuitively close to the concept of "compactness" of the virtual space of internal nosologies of the organism. Recall that in mathematics, a "compact" set is a set in which a finite subcover can be chosen from any covering of it by balls of arbitrarily small diameter. In the transition to the virtual space of the body's internal nosologies, the main stumbling block is the definition of what in this case means the statement that "the patient's real diagnosis is" close enough "to the standard one."

The practical implementation of the principle of compactness in diagnostics and therapy with ART methods turns out to be simpler than theoretical reasoning on the topic of "proximity" of internal nosologies. The principle of compactness assumes that there is a certain finite and, moreover, a set K of finite sets of RCs that is observable by means of tests, such that:

- any patient is tested (detected) some RC belonging to K , in other words, any patient can be given some (approximate) diagnosis D_K belonging to the set of diagnoses K ;
- if diagnosis D_K , belonging to the set of diagnoses K is made, then using $RC = D_K$ and without using any more information about patient, you can make a drug $P = P(D_K)$, which the quite effective heals the real illness of this patient.

Experiments carried out over a number of years by the IMEDIS team show that the principle of compactness can be accepted, at least, as one of the models used in the treatment of complex nosologies of unclear etiology.

6. Production of electronic energy-informational preparations using the resonant chains of virtual ART

All known methods of production of electronic energy-informational preparations are based on the concept of adaptant and adaptant to a given particular task of self-realization of the organism.

By an adaptant to a particular problem of self-fulfillment, we mean, in essence, any EIP that is "approximately", in other words - according to the doctor's ideas, for general reasons, according to the method of obtaining, - is suitable for teaching the body to solve this problem. An adaptation to a particular task of self-fulfillment is understood as an EIP, which:

- firstly, it approaches the solution of the considered tasks self-realization, which is confirmed by the results of its testing with the help of some specific test;
- secondly, it satisfies a certain system of environmental (in other words, systemic) tests, which ensures its safety and overall usefulness for the patient;
- thirdly, it is obtained by some uniform procedure (for example, potentiation, less often, multiple inversion) from a developer for this task.

Conversion procedure source adaptant to adaptant, satisfying the selected system of environmental tests, we will also call informally - "targeting" of this adaptant (to solve the considered problem of self-realization, taking into account the implementation of the selected system of environmental tests).

Any EIP produced within the framework of the virtual ART concept from the RC, tested in the patient, is obtained through any implementation of one of the following schemes for obtaining energy-information drugs for treatment:

1. Schemes for constructing an adaptor based on response to an empty reference signal (blank marker therapy).

2. Schemes for constructing an adaptant according to the response of an organism to a given reference signal (target marker therapy).

These two schemes are realizations at the level of ART and BRT of two methods of teaching the body to solve problems of self-fulfillment, namely:

- the construction of an adaptor based on a response to an empty reference signal is the implementation (at the level of ART and BRT) of the method of teaching the body to solve problems of self-fulfillment without overcoming obstacles to learning;
- construction of an adaptant based on the body's response to a reference signal (target marker therapy) is the implementation (at the level of ART and BRT) of the methodology for teaching the body to solve self-fulfillment problems with overcoming obstacles to learning.

The scheme for constructing an adaptor based on a response to an empty reference signal (therapy using an empty marker) includes the following steps:

- the choice of an energy-information signal, taken as a pro-adaptant to the task of self-fulfillment;
- transform selected as promoter energy-informational signal into the drug for its cure - an adaptant to the task of self-fulfillment.

Scheme of constructing an adaptant based on the response of an organism to a given reference signal (target marker therapy) includes the following steps:

- building a "reference signal" or "marker self-fulfillment", (" goal marker ") to the set self-fulfillment; tasks tasks
- receiving the response of the patient's body to the "reference signal" presented to him (a marker of the task of self-realization) in the form of a record electromagnetic oscillations emitted by it, when the reference signal is introduced into the measuring circuit. This response is accepted as an adaptant to the task of self-fulfillment;
- transformation of the received response of the organism (adaptant to the task of self-fulfillment) into a drug for the cure of this organism - an adaptant to the task of self-fulfillment, or simply an adaptant.

In both of these schemes of therapy, the criterion that the transformed proadaptant is an adaptant is the fact that it (the transformed proadaptant) satisfies a certain system of environmental tests.

Generally speaking, within the framework of virtual ART, this system of environmental tests and the corresponding system of environmental markers can be selected in various ways.

In particular, the following can be used as environmental tests:

- general systemic tests of ART: a test for the optimal step of therapy, for the prospects of therapy, for adaptation resources, biological indices, photon indices, psychovegetative burden and others standard guidelines;
- environmental tests showing that the adaptant really solves the current tasks of self-fulfillment, in other words, compensates for the diagnostic RC or its individual components. In this case, it directly acts as a marker of the ecological test.

- diagnostic RC or its individual components;
- chronosemantic ecological tests showing how the body's modeling of its future changes, depending on the introduction of one or another transformed adaptant into the measuring circuit;
- a mixed system of environmental tests, which includes both tests for solving current problems of self-fulfillment, and chronosemantic environmental tests or general systemic tests. As a rule, in the production of a specific drug, it is advisable to use this particular, mixed scheme.

In the event that only general systemic tests of ART or tests for solving current partial problems of self-realization are used for the production of a therapeutic drug (converting a proadaptant into an adaptant), we say that the patient is being treated at the current time, or simply current therapy. This name is justified by the fact that in this case no attempts are made to look into the patient's future, to simulate the long-term consequences of the therapy.

In the event that chronosemantic tests are also used for the production of a medicinal product (for example, on the end MBAT of his palm), we say that therapy for a patient with chronosemantic directionality (chronosemantic control), or simply chronosemantic therapy. A private (but not the only possible!) Form of chronosemantic therapy is mantic BAP therapy, which is called "chronosemantics" in the terminology of BRT and MRI.

Note that current therapy options or therapy with chronosemantic orientation can be realized both within the first (learning without overcoming obstacles) and within the second (learning with overcoming obstacles) of the above schemes.

In the first of these therapy regimens (learning without overcoming obstacles):

The following can be used as a proadapter:

- RC - resonance chain tested in the patient at the stage of his diagnosis;
- i (RC) - inversion of the resonant chain tested in the patient;
- any energy-informational substrate obtained from the patient, for example, his general or particular bioresonance preparations, the nosode of his blood, urine, and similar preparations, also taken directly or in inversion;
- other energy-informational preparations.

As an adaptant, as a rule, the potential of the adaptant is used, which satisfies the selected system of environmental tests within the framework of the patient's current therapy or taking into account the chronosemantic orientation.

In the second of the given therapy schemes (learning with overcoming obstacles): as a reference signal in virtual ART can be used, in particular:

- RC - resonance chain tested in the patient at the stage of his diagnosis;
- i (RC) - inversion of the resonant chain tested in the patient;
- any energy-informational substrate obtained from the patient,

for example, his general or particular bioresonance preparations, targeted autonosode of his blood (NANCr), urine and similar preparations, also taken directly or in inversion;

- other reference signals.

As a response to a reference signal or adaptant, a bioresonance recording of the patient's condition is usually used, which arises in his body when a reference signal is applied to him and is taken with the fulfillment of certain conditions of space-time and frequency selection (in other words, at a certain time, from certain areas of the skin patient, and with a certain frequency filtering).

As an adaptant, as a rule, the potency of the obtained adaptant is used, which satisfies one or another system of environmental tests, for example, chronosemantic tests.

Various EIPs, proposed by different authors at different times, in the study of the possibilities of ART and bioresonance therapy are exactly different concrete implementations of this scheme.

Within the framework of the concept of virtual ART, the following energy-informational preparations can be made from the tested RC:

1. The chain of RCs itself can be used as an energy-informational a drug for treating a patient (EIP for treatment), potentiated to the point where it meets the system of environmental tests.

A similar way of using RC is based on a homeopathic approach to the action of an energy-informational preparation, in other words, on the notion that the nature of the pathology of the patient's body leads to a weakening of his ability to recognize his internal nosology in his VPVN. Accordingly, when a RC is introduced into a patient, which amplifies the signal of his internal nosology, an adequate response of the body to this nosology develops and healing occurs.

2. As an energy-informational preparation for treating a patient the potentiated (until the selected system of environmental tests is satisfied) inversion of the RC tested by him can also be used, i.e. i (RC).

3. As an energy-informational preparation for treating a patient can also be used potentiated to a state when it meets the selected system of environmental tests, the patient's blood - the so-called targeted nosode of his blood (NNC).

4. As an energy-informational preparation for treating a patient can be used proadaptor in virtual time by A. Hovsepyan (ProAO), obtained as a bioresonance recording of the e / m oscillations of the body adapted to the load by the RC marker, tested in the patient, i.e. ProAO (i (RC)).

In accordance with the scheme developed by us here, this adaptant can be converted to adaptation in virtual time by Yu.V. Gotovsky, A.A. Ovsepyan, K.N. Mkhitaryan (AdGOM) through potentiation of the obtained adaptant ProAO (i (RC)) before performing the ecological chronosemantic test at the end point of the Life line.

5. As an energy-informational preparation for treating a patient can be used a proadaptant in virtual time according to A.A. Ovsepyan, obtained from the inversion of the RC, tested in the patient, i.e. from i (RC).

This adaptant can also be converted to adaptation in virtual time by Yu.V. Gotovsky, A.A. Ovsepyan, K.N. Mkhitaryan (AdGOM) by potentiating the obtained adaptant ProAO (i (RC)) until the ecological chronosemantic test is performed at the end point of the Life line.

6. As an energy-informational preparation for treating a patient the chronosemantic preparation Ad (RC) can be used, for the construction of which RC, tested in the patient, is used as a target marker.

7. As an energy-informational preparation for treating a patient the chronosemantic preparation Ad (i (RC)) can be used, for the construction of which the inversion i (RC), taken from the RC tested in the patient, is used as a target marker.

8. As an energy-informational preparation for treating a patient the chronosemantic preparation Ad (NNK) can be used, for the construction of which a target (by RC, or by i (RC)) nosode of the patient's blood is used as a target marker.

9. Finally, as adapters or target markers (for chronosemantics), in order to obtain the EIT, OBR and BSR according to Yu.V. Gotovsky can be used.

The variety of possible ways of producing EIP from the patient's diagnosis forces us to investigate the question of the relative effectiveness of the above drugs - in other words, in essence, the question of the relative effectiveness of the selected adaptant. We believe [9] that the effectiveness of the constructed drug mainly depends not on the method of choosing the adaptant, but on environmental test systems (including a specific test for achieving the goal), used to "target" it to solve the corresponding problem of self-realization. Nevertheless, from general considerations, one can expect that the "most effective" adapters or, in the case of the use of chronosemantics, markers of goals for solving one or another "nonspecific" task of self-fulfillment are the following:

- targeted autosode of the patient's blood;
- OBR of the patient according to Yu.V. Gotovsky;
- BDS of the patient according to Yu.V. Gotovsky.

A distinctive feature of the use of OBR and BPS is, in this case, the "targeting" of these drugs using one or another system of environmental tests, or even chronosemantics for these drugs. In the event that OBR and / or BPS preparations are used for chronosemantics, it is also useful to preliminarily "target" them, i.e.

potentiate them to fulfill the selected system of environmental tests.

The solution of specific problems of self-realization may require, of course, the use of specific adapters or, in the case of chronosemantics, goal markers. For example, in order to increase the abilities to the English language, it is advisable to use a marker of these abilities for chronosemantics. Note, however, that the same problem can very likely be solved also through targeting (through a specific marker) any nonspecific response of the organism, for example, through its OBR, BPS, nosode of its blood.

7. Technical implementation of virtual ART on hardware and software complexes "IMEDIS"

For the technical implementation of the stated theory, the new version of the software of the APK Center "IMEDIS" provides for the "Window for testing chains" (section "Diagnostics"). This "window" allows the doctor to test arbitrary chains of medicines taken from arbitrary sections of the selector, and also to operate with these chains in accordance with the logical concepts of virtual ART.

To ensure the possibility of diagnosing a patient, taking into account the spiritual level of integration of his activities, the section "Systemic Spiritual Adaptants" has been introduced into the selector of the agro-industrial complex of the IMEDIS Center, which contains the currently selected drugs that allow assessing the processes and disorders occurring at this level.

Taking into account the indicated software modifications, all algorithms for testing the RC and the production of drugs using virtual ART, described in this work, can be directly implemented on the existing versions of the HSC of the IMEDIS Center.

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